

Cancellation Form for the US Legal Plan

Effective pay period ending/, please discontinue the deduction from my pay check for the following insurance policy (please select one):	
US Legal Pl	an, (\$9.38 per pay period)
Please select the statement which applies to you:	
	cel all policies associated with the above yroll deduction.
	inue my insurance coverage by sending my ments directly to the insurance carrier (direct bill)
Employee Information	
ID #	SSN
Current mailing address:	
(Employee Name)	(Employee Signature)
 (Date)	
For Benefits Office Use Only	
Insert Checkmark When Completed	Task Description
	Faxed to US Legal Services at 904-730-0023

Keyed cancellation into payroll database.